



2A3
Docket No.
PU4070US2

Declaration And Power Of Attorney For Patent Application

English Language Declaration

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS, SYSTEMS, AND COMPUTER PROGRAM PRODUCTS FOR IDENTIFYING CONDITIONAL ASSOCIATIONS AMONG FEATURES IN SAMPLES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on January 11, 2002 as United States application Serial No. 10/044,680 or PCT International

Application Number PCT/ filed and was amended on (MM/DD/YYYY)
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.



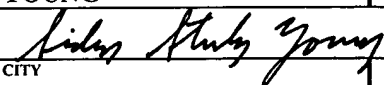
I acknowledge the duty to disclose to the United States Patent and Trademark Office all information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application Number (s) | Country | Foreign Filing Date (MM/DD/YYYY) | PRIORITY CLAIMED |
|--------------------------------------|---------|----------------------------------|------------------|
| 1. | | | |
| 2. | | | |
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| 5. | | | |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

| Application No. | Filing Date (MM/DD/YYYY) | |
|-----------------|--------------------------|--|
| 1. 60/262,580 | 01/17/2001 | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

| COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued | | | | ATTORNEY'S DOCKET NUMBER PU4070US2 |
|---|-------------------------|---|--|--|
| <p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p> | | | | |
| PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION | | | | |
| U.S. Parent Application or PCT Parent Number | | Parent Filing Date (MM/DD/YYYY) | STATUS (Check one) | |
| | | | <div style="display: flex; justify-content: space-around;"> PATENTED PENDING ABANDONED </div> | |
| | | | | |
| | | | | |
| <p>POWER OF ATTORNEY: As a named inventor, I hereby authorize the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected herewith (attorney and registration number)</p> <div style="text-align: center; margin-top: 10px;">  23347 PATENT TRADEMARK OFFICE </div> | | | | |
| Send Correspondence to: <div style="text-align: center; margin-top: 10px;">  23347 PATENT TRADEMARK OFFICE </div> | | | Direct Telephone Calls to: Frank P. Grassler 919-483-2482 | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> | | | | |
| 201 | FULL NAME OF INVENTOR | FAMILY NAME KEEFER | FIRST GIVEN NAME Christopher | SECOND GIVEN NAME/INITIAL E. |
| | INVENTOR'S SIGNATURE | | | |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY NC 27709 US |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME YOUNG | FIRST GIVEN NAME Sidney | SECOND GIVEN NAME/INITIAL Stanley |
| | INVENTOR'S SIGNATURE |  | | |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC | COUNTRY OF CITIZENSHIP US |
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| 203 | FULL NAME OF INVENTOR | FAMILY NAME XIA | FIRST GIVEN NAME Tai-he | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | | | |
| | RESIDENCE & CITIZENSHIP | CITY Montgomery | STATE OR FOREIGN COUNTRY NJ | COUNTRY OF CITIZENSHIP P.R. China |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 71 Southfield Drive | CITY Montgomery | STATE & ZIP CODE/COUNTRY N.J. 08502 US |



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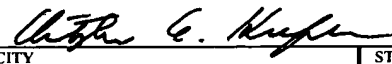
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| 201 | FULL NAME OF INVENTOR | FAMILY NAME KEEFER | FIRST GIVEN NAME Christopher | SECOND GIVEN NAME/INITIAL E. |
| | INVENTOR'S SIGNATURE |  | | DATE: 03-11-2002 |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY NC 27709 US |
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | STATUS (Check one) | | |
|--|---------------------------------|--------------------|---------|-----------|
| | | PATENTED | PENDING | ABANDONED |
| | | | | |
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith (indicate name and registration number)



23347

PATENT TRADEMARK OFFICE

Send Correspondence to:



23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Frank P. Grassler
919-483-2482

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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| 2 0 2 | FULL NAME OF INVENTOR | FAMILY NAME YOUNG | FIRST GIVEN NAME Sidney | SECOND GIVEN NAME/INITIAL Stanley |
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| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY NC 27709 US |
| 2 0 3 | FULL NAME OF INVENTOR | FAMILY NAME XIA | FIRST GIVEN NAME Tai-he | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | <i>Tai he</i> | | DATE: March 11, 2002 |
| | RESIDENCE & CITIZENSHIP | CITY Montgomery | STATE OR FOREIGN COUNTRY NJ | COUNTRY OF CITIZENSHIP P.R. China |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 71 Southfield Drive | CITY Montgomery | STATE & ZIP CODE/COUNTRY N.J. 08502 US |